

## NOTIFICATION OF ADVERSE ACTION

**NOTE: Applies to Pricing Programs only.**

Child(ren)'s Name(s): \_\_\_\_\_

School: \_\_\_\_\_

Date: \_\_\_\_\_

Dear \_\_\_\_\_:

We have completed verification of your child(ren)'s eligibility.

Starting on \_\_\_\_\_ your child(ren)'s eligibility for meals benefits will be:  
(10 calendar days from the date sent)

\_\_\_\_\_ Changed from free to reduced-price because your income is over the allowable amount. The reduced-price charge is \_\_\_\_\_ cents for lunch and \_\_\_\_\_ cents for breakfast.

\_\_\_\_\_ Stopped for the following reason(s):

\_\_\_\_\_ your income is over the allowable amount for free or reduced-price meals;

\_\_\_\_\_ the Food Stamp, CA, or FDPIR case number provided on the application is invalid;

\_\_\_\_\_ you did not provide proof of current eligibility. The following information is missing:

\_\_\_\_\_  
\_\_\_\_\_

Starting immediately your child(ren)'s eligibility for meal benefits will be:

\_\_\_\_\_ Changed from reduced-price to free because your income is within the free meal eligibility limits. Your child(ren) will receive meals at no cost.

If you are not eligible for benefits now, but have a decrease in household income, become unemployed, or have an increase in the size of your household, you may fill out an application at that time to reapply for benefits.

If you do not agree with the decision, you may discuss it with \_\_\_\_\_  
(verifying official). You also have the right to a fair hearing. If you request a hearing by \_\_\_\_\_,  
(date), your child(ren) will continue to receive *free or reduced-price meals* until the decision of the hearing official is made. You may request a fair hearing by calling or writing the following official:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Sincerely,

\_\_\_\_\_

The USDA is an equal opportunity provider and employer.